

## DMHMRSAS AGENCY STRATEGIC PLAN GOALS

1. **Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, or SA services.**

***Governor's Key Measure of Success:***

*Increase the proportion of people served in intensive community-based services per occupied state facility bed.*

***Progress:***

**FY 05**, 3.61 consumers received intensive community-based services per occupied facility bed.

**FY 10**, 4.16 consumers will receive intensive community-based services per occupied facility bed

2. **Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations**

***Governor's Key Measure of Success:***

*Reduce the percent of consumers who are readmitted to state facilities by providing community-based services and supports that respond to their individual needs.*

***Progress:***

**FY 05**, 20% readmitted to state facilities within 365 days of discharge.

**FY 10**, 17% readmitted to state facilities within 365 days of discharge.

3. **Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.**
4. **Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded MH, MR, and SA services and supports.**
5. **Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.**
6. **Enhance service quality, appropriateness, effectiveness, and accountability through performance outcomes measurement and service delivery and utilization review.**
7. **Strengthen the culture of preparedness across state agencies, their employees and customers**

***Measure:***

*We will be prepared to act in the interest of the citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals.*

## **DMHMRSAS Performance Measures for Service Area Plans**

### **Facility –Based Education and Skills Training:**

Performance Measure:	Number of training center consumers able to work as a result of training or educational programs
Performance Data Are:	Baseline: FY 05: 529 Target: FY 10: 617
Reporting Facilities	All training centers
Data Frequency	Annual

### **Forensic and Behavioral Rehabilitation Services:**

Performance Measure:	Average length of stay for adult forensic patients, excluding those referred for restoration to competency services and those who are not guilty by reason of insanity.
Performance Data Are:	Baseline: FY 07: 42.2 days Target: FY 10: 41.3 days
Reporting Facilities	CO – Forensics -- AVATAR
Data Frequency	Annual

Performance Measure:	Percent of SVP residents who make progress in meeting treatment goals.
Performance Data Are:	Baseline: FY 05: 57% Target: FY 10: 60%
Reporting Facilities	VCBR
Data Frequency	Annual

### **Aftercare Pharmacy Services:**

Performance Measure:	Percentage of consumers who have been identified as receiving three or more antipsychotics
Performance Data Are:	Baseline: FY 06: 0.73% Target: FY 10: 0.35%
Reporting Facilities	CSBs – MEDIS
Data Frequency	Annually

### **Inpatient Pharmacy Services:**

Performance Measure:	Percentage of consumers who have been identified as receiving three or more antipsychotics
Performance Data Are:	Baseline: FY 06: 1.28% Target: FY 10: 1.04%
Reporting Facilities	CRP-QS1 report on all facilities
Data Frequency	Annually

**Geriatric Care Services:**

Performance Measure:	Rate of falls by geriatric care patients
Performance Data Are:	Baseline: FY 07: 5 falls for every 1,000 days of service Target: FY 10: 4.75 falls for every 1,000 patient bed days
Reporting Facilities	Hancock, Piedmont, Catawba, & SWVMHI (geriatric unit only)
Data Frequency	Monthly

**Inpatient Medical Services:**

Performance Measure:	Percentage of pressure ulcers of Hiram Davis Medical Center patients that improve or heal
Performance Data Are:	Baseline: FY 07: 41.7% Target: FY 10: 50%
Reporting Facilities	HDMC
Data Frequency	Annual

**State Mental Retardation Training Center Services:**

Performance Measure:	Percentage of training center direct services associates who have completed 11 College of Direct Support core modules
Performance Data Are:	Baseline: FY 07: 10% Target: FY 10: 11%
Reporting Facilities	All training centers
Data Frequency	Annual

**State Mental Health Facility Services:**

Performance Measure:	Percentage of consumers whose experience reflects recovery, self-determination, and participation
Performance Data Are:	Baseline: FY 07: 4.9% Target: FY 10: 20%
Reporting Facilities	IG survey
Data Frequency	Annual

**Community Substance Abuse Services:**

Performance Measure:	Number of CSBs that provide integrated MH and SA assessments and services
Performance Data Are:	Baseline: FY 05: 0 CSBs Target: FY 10: 10 CSBs
Reporting Facilities	CO – COSIG grant staff -- # of CSBs implementing CCISC Model
Data Frequency	Annual

**Community Mental Health Services:**

Performance Measure:	Number of individuals receiving crisis stabilization services
Performance Data Are:	Baseline: FY 07: 949 Target: FY 10: 1,234
Reporting Facilities	CSBs – CCS3
Data Frequency	Annual

Performance Measure:	Number of juvenile detention center residents receiving CSB interventions
Performance Data Are:	Baseline: FY 05: 890 Target: FY 10: 2,670
Reporting Facilities	CSBs – CO – Office of Child and Family Services
Data Frequency	Annual

**Community Mental Retardation Services:**

Performance Measure:	Number of individuals who are endorsed to provide Positive Behavioral Support consultation
Performance Data Are:	Baseline: FY 07: 16 Target: FY 10: 50
Reporting Facilities	CO – Office of Mental Retardation – Individuals endorsed through the Partnership For People with Disabilities
Data Frequency	Annual

**Facility Administrative and Support Services:**

Performance Measure:	Prompt Payment Act compliance rate
Performance Data Are:	Baseline: FY 05: 95% Target: FY 10: 95%
Reporting Facilities	All
Data Frequency	Annual

**Administrative and Support Services:**

Performance Measure:	Percent of Governor's Management scorecard categories marked as meets expectations for the agency
Performance Data Are:	Baseline: FY 05: 20% Target: FY 10: 100%
Reporting Facilities	CO – Commissioner's Scorecard Report
Data Frequency	Annual

**Regulation of Health Care Service Providers:**

Performance Measure:	Number of unannounced inspections and complaint investigations conducted
Performance Data Are:	Baseline: FY 05: 1,275 Target: FY 10: 2,300
Reporting Facilities	CO – Licensing – OLIS
Data Frequency	Annual

**Facility and Community Programs Inspection and Monitoring :**

Performance Measure:	Percentage of complaints/concerns/requests received by the Office of the Inspector General (OIG) that are responded to within two business days
Performance Data Are:	Baseline: FY 07: 85.1% Target: FY 10: 95% s
Reporting Facilities	OIG
Data Frequency	Annual